



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 60 STATE STREET, WETHERSFIELD, CT 06161-2525
 TELEPHONE: (860) 263-5720
 ON THE WEB AT ct.gov/dmv

INSTRUCTIONS:

1. Please print or type.
2. Operator completes Part 1.
3. Installer completes Part 2.
4. Not valid without original signature of Installer
5. All vehicles owned or operated by the operator must be listed.
6. Attach a copy of all verifying documentation to this form.
7. Use additional forms if needed.

THIS APPLICATION MUST BE SUBMITTED TO VERIFY IGNITION INTERLOCK DEVICE(S) RECORD CHANGES.

PART 1 - OPERATOR INFORMATION CHANGE

CURRENT OPERATOR INFORMATION	NAME AND ADDRESS	DATE OF BIRTH	OPERATOR LICENSE NUMBER
NEW OPERATOR INFORMATION	NAME AND ADDRESS	DATE OF BIRTH	OPERATOR LICENSE NUMBER

I understand that I must have an IID in each vehicle that I own or operate during the entire time that I am subject to an IID restriction, and that such device must be maintained and calibrated in accordance with DMV Regulations.

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribe by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

OPERATOR SIGNATURE X	DATE	PRINTED NAME (First, Last, Middle)
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PART 2 - VEHICLE INFORMATION

CURRENT VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE	<input type="checkbox"/> VEHICLE REMOVED FROM SERVICE
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DATE VEHICLE REMOVED FROM IID SERVICE: REASON:

NEW VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
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PART 2a - IGNITION INTERLOCK DEVICE RECORD CHANGE

CURRENT IID INFORMATION	IID TYPE	IID MODEL	IID SERIAL #	IID MANUFACTURER
NEW IID INFORMATION	IID TYPE	IID MODEL	IID SERIAL #	IID MANUFACTURER

INSTALLED AT ((Name and Address):	DATE	SIGNATURE X
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The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE OF INSTALLER X	DATE	PRINTED NAME (Last, First, Middle)
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DMV USE ONLY

DATE RECEIVED	NAME/TITLE	AUTHORIZED SIGNATURE X
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ACTION TAKEN